

# APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
OFFICE OF ADMINISTRATIVE SERVICES  
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR Application Date <b>8/20/82</b> Application Number <b>82-41</b>	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES Division of Public Health Vital Records Section Room 217-H 47 Trinity Ave. S.W. Atlanta, Ga. 30334	ARCHIVES AND HISTORY Application Number <b>80-294-A</b> Date Received <b>OCT 7 1982</b> Date Completed <b>JAN 18 1983</b> Telephone Number <b>656-4750</b>
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2. Person to Contact **Mike Lavoie** Working Title **Director**

3. Action Requested  
☐ Establish Retention Schedule; record will continue to accumulate.  
☐ Dispose of present accumulation; no further accumulation anticipated.  
☒ Amend Application No. **80-294** Check One: ☐ Change; ☐ Supersedes; ☐ Void

4. Dates of Series  
 Earliest **1919** Latest **continuing**

5. Records Series Title (followed by title used in office; if different)  
**Georgia Report Of Spontaneous Abortion or Stillbirth (Fetal Death) Files**

6. Division and Office Function What is the function of the Division and the Office in which this record series is created?  
 The Division of Public Health, through the leadership of the Director, is responsible for the administration, direction, and coordination of the public health programs throughout Georgia. This is accomplished by the establishment of health standards for business, housing and field operations; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; the monitoring of supplies of drinking water; and the daily State-wide program of registration, statistical coding, certification, preservation of certificates for births, marriages, divorces, annulments of marriages, and deaths that occur each year in the State.

The Vital Records Section has the responsibility to provide services for the registration, statistical coding, certification, and preservation of records of birth, death, fetal death, marriage, divorce, annulments of marriage, adoptions, and legitimation of births which occur each year within the State.

7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the f.e.  
 Documents relating to: **spontaneous abortions or stillbirths (fetal death) which occur in Georgia.**  
 Included are: **Form 3985 (Georgia Report of Spontaneous Abortion or Stillbirth) which shows hospital name and address by city/town and county; date and hour of delivery; sex and weight of fetus; physician's estimate of gestation; mother's maiden name, age, date of birth, residence, whether or not married, race, origin or descent, education; whether or not first pregnancy; month of pregnancy prenatal care began, total prenatal visits; date last normal menses began; whether birth single, twin, triplet, etc.; if multiple birth order; date of last live birth; date of last fetal death; previous live births, and date; all other pregnancy terminations which did not result in live birth, and size; result of last pregnancy; father's name, age, race, origin or descent; immediate cause of fetal death; fetal or maternal conditions contributing to fetal death; complications of pregnancy, complications of labor and/or delivery; concurrent illness or conditions affecting the pregnancy; (See Continuation Sheet)**  
 The file is arranged: numerically by number assigned by Vital Records Service

Monthly Reference Rate How often are records referred to which are:  
 One to six months old \_\_\_\_\_ : Seven to twelve months old \_\_\_\_\_ : Thirteen to twenty-four months old \_\_\_\_\_ :  
 twenty-five months and older \_\_\_\_\_ ?

Annual Rate of Accumulation of Records  
 Letters to drawers \_\_\_\_\_ : Legal-size drawers \_\_\_\_\_ : Shelves \_\_\_\_\_ : Other (Specify) \_\_\_\_\_

YES	NO	10. Questionnaire (Place an "X" in the proper column)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Is this the official copy of the series? If not, where is it?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. <b>Ga. Code Ann., Part 2, Section 2, Title 31, Chapter 10, #31-10-25</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Is this a vital record? <b>Ga. Code Ann., Part 2, Section 2, Title 31, Chapter 10, #31-10-1 (17)</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. Does this series have historical or long term research value?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	f. Is the information contained in this series ever published? If yes, attach copy.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	i. Is this series (or a major portion of it) regularly microfilmed?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	j. Does the record series result in a computer printout?

11. Retention Requirements The following requires the series to be kept:

**Ga. Code Ann. Title 31, Chapter 10, #31-10-25**

a. State Law	<u>Permanent</u> years.	d. Audit period	_____ years.
b. Statute of limitation	_____ years.	e. Administrative need	_____ years.
c. Federal law	_____ years.	f. Federal retention instructions	_____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other \_\_\_\_\_ then,

(Report Form-#3985) - Cut of file at the end of each calendar year; hold in current files area 2 year; then retire to State Archives for permanent retention.

(Maintenance instructions) - Microfilm Report Form #3985 - (Georgia Report of Spontaneous Abortion or Stillbirth) in duplicate each month, producing two original rolls.

(Monthly Microfilm File) - (1) Send one original to the National Center for Health Statistics, Dept. Health and Human Services. (Note: If this microfilm is returned destroy.) (2) Hold one original in Vital Records Office until end of calendar year; then transfer to State Archives for permanent retention in microfilm security vault. (Note: Prior to transfer, DHR will duplicate, creating office reference copy.)

(Reference Copy) Maintain in Vital Records Office for reference needs; destroy when obsolete or no longer needed.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
	10-5-82		10/4/82
State Records Committee (Signature) <span style="float: right;">Date</span>			
State Auditor/Designee			1-11-83
Secretary of State/Designee			1/10/83
Attorney General/Designee			1-14-83

Recommendations in paragraph 12 are approved.  
(If disapproved, attach letter of explanation.)

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Georgia Report of Spontaneous Abortion  
or Stillbirth (Fetal Death) Files

Continuation

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7. concurrent illnesses or conditions affecting the pregnancy; signature to certify that delivery occurred on date stated, and that fetus was born dead; name and title of certifier and address; date of signature; burial, cremation, removal; disposition date, cemetery, crematory or institution name and location; signature of Registrar and date received.

12. Magnetic Tape

Security Copy (maintained by DOAS)

Upon completion of tape for each given calendar year, DOAS will be notified by Vital Records Service to transfer security copy to State Records Center for storage in Archives Building where it will be held 50 years; then destroyed.

(Note: every two years the tape will be returned to Vital Records Service to be checked for stability of the magnetic bits; and, if necessary, for the tape to be rerun and the magnetic bits reinforced).

Working Copy

Destroy when obsolete, superseded, or no longer needed for reference.

Computer Printout (error list)

Destroy when all errors have been corrected.

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DHR Application Date <u>April 21, 1980</u> Application Number DHR 80-14	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES Division of Physical Health Vital Records Section Room 217-H 47 Trinity Avenue, S. W. Atlanta, Georgia 30334	ARCHIVES AND HISTORY Application Number <b>80-294</b> Date Received <b>APR 22 1980</b> Date Completed <b>JUN 23 1980</b>
2. Person to Contact  Michael Lavoie <i>ML</i>	Working Title Director, Vital Records Section	Telephone Number 656-4750

## 3. Action Requested

- a. ☐ Establish Retention Schedule; record will continue to accumulate.  
b. ☐ Dispose of present accumulation; no further accumulation anticipated.  
c. ☒ Amend Application No. 74-410-A Check One: ☐ Change; ☒ Supersede; ☐ Void

## 4. Dates of Series

Earliest  
1/1/19  
Latest  
present

## 5. Records Series Title (followed by title used in office; if different)

Georgia Report of Spontaneous Abortion  
or Stillbirth (Fetal Death) Files

## 6. Division and Office Function

What is the function of the Division and the Office in which this record series is created?

The Division of Physical Health, through the leadership of the Director, is responsible for the administration, direction, and coordination of the physical health programs throughout Georgia. This is accomplished by the establishment of health standards for business, housing, and field operations; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; and the daily State-wide program of registration, statistical coding, certification, and preservation of births, marriages, divorces, annulments of marriage, and deaths that occur each year in the State.

The Vital Records Section has the responsibility to provide services for the registration, statistical coding, certification, and preservation of records of birth, death, fetal death, marriage, divorce, annulments of marriage, adoptions, and legitimation of births which occur each year within the State.

7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.  
Documents relating to: reporting spontaneous abortions or stillbirths (fetal death) which occur in Georgia.

Included is form 3985 (Rev. 5-79) (Georgia Report of Spontaneous Abortion or Stillbirth) which shows hospital name and address by city/town and county; date and hour of delivery; sex and weight of fetus; physician's estimate of gestation; mother's maiden name, age, date of birth, residence, whether or not married, race, origin or descent, education; whether or not first pregnancy, month of pregnancy prenatal care began, total prenatal visits; date last normal menses began; whether birth single, twin, triplet, etc.; if multiple, birth order; date of last live birth; date of last fetal death; previous live births, and size; all other pregnancy terminations which did not result in live birth, and size; result of last pregnancy; father's name, age, race, origin or descent; immediate cause of fetal death; fetal or maternal conditions contributing to fetal death; complications of pregnancy; complications of labor and/or delivery;

The file is arranged:

numerically by number assigned by Vital Records Service.

## 8. Monthly Reference Rate

How often are records referred to which are:

One to six months old 2-3; Seven to twelve months old 2-3; Thirteen to twenty-four months old ---; twenty-five months and older 7

## 9. Annual Rate of Accumulation of Records

Letter-size drawers \_\_\_\_\_; Legal-size drawers \_\_\_\_\_; Shelves \_\_\_\_\_; Other (Specify) 4 boxes (cu.ft.)  
/reports, 1 magnetic tape, and 2 to 3 rolls microfilm

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. Ga. Public Health Law 88-1723 (pg. 136)
X		c. Is this a vital record? Ga. Public Health Law 88-1702 (f) (pg. 126)
X		d. Does this series have historical or long term research value? Ga. Public Health Law 88-1703 (pg. 127)
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
X		f. Is the information contained in this series ever published? If yes, attach copy. Georgia Vital and Health Statistics (published annually)
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? Georgia Vital and Health Statistics
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
X		i. Is this series (or a major portion of it) regularly microfilmed? monthly
X		j. Does the record series result in a computer printout? error list

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |                    |                                   |              |
|--------------------------|--------------------|-----------------------------------|--------------|
| a. State Law             | <u>permanently</u> | d. Audit period                   | _____ years. |
| b. Statute of limitation | _____ years.       | e. Administrative need            | _____ years. |
| c. Federal law           | _____ years.       | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Georgia Public Health Law 88-17 Vital Records  
(pages 125, 126, 127 and 136)

#### 12. Approved Disposition Instructions This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other \_\_\_\_\_ then,

#### Report (form 3385)

- ☒ Hold in the current files area \_\_\_\_\_ month(s) 5 year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☐ Destroy
- ☒ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

Note: microfilm certificate file in duplicate each month; then

#### Monthly microfilm file

1. Send one copy to National Center for Health Statistics. (Should this microfilm be returned, destroy).

#### Annual microfilm file (monthly microfilms - security and working - will be spliced to make annual copies)

1. Transfer silver original to State Archives for permanent retention.
  2. Keep one copy in Vital Records; destroy when obsolete, superseded, or no longer needed.
- These instructions apply to all prior and future accumulations of the series.

(continued)

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>MR Jaro</i>	4-18-80	<i>Elizabeth W. Crank</i> Elizabeth W. Crank, CRM State Records Committee (Signature)	4/18/80
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)	State Auditor/Designee	<i>Canall Hart</i>	6-20-80
	Secretary of State/Designee	<i>MS Wheel</i>	6-18-80
	Attorney General/Designee		6-20-80

, #7 -Included are; (contd)

signature to certify that delivery occurred on date stated, and that fetus **was** born dead;  
, name and title of certifier and address; date of **signature**; burial, cremation, removal;  
disposition date, cemetery, crematory or institution **name** and location; signature of  
Registrar and date received.